

**EARLY INITIATION**

**OF BREASTFEEDING**



# OF BREASTFEEDING



## We know how to scale up early initiation and optimal breastfeeding

- 1. Implement the “*Ten Steps to Successful Breastfeeding*” in maternity facilities and policies that protect breastfeeding from birth;<sup>11</sup>
- 2. Train doctors, nurses, midwives and community health workers to provide one-to-one breastfeeding counselling and support within an hour of childbirth;
- 3. Make immediate skin-to-skin contact with breastfeeding the norm following child birth, including after caesarean section;
- 4. Provide postnatal care, especially in the first week of life, and continue to support mothers and families throughout the first months of a child’s life, through strategically timed home visits or health facility contacts;
- 5. Identify and address knowledge gaps and cultural and social factors that affect the decision of women to initiate exclusive breastfeeding for the first six months and continue up to 2 years and beyond (along with providing appropriate complementary foods);
- 6. Educate pregnant women and their families about the dangers of not immediately breastfeeding and giving other fluids instead;
- 7. Expand group education and support groups in health services and communities and train and support community workers and volunteers to provide quality counselling;
- 8. Advocate for effective implementation, independent monitoring and enforcement of the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant *World Health Assembly resolutions*.

11. <http://www.tensteps.org>

# EARLY INITIATION



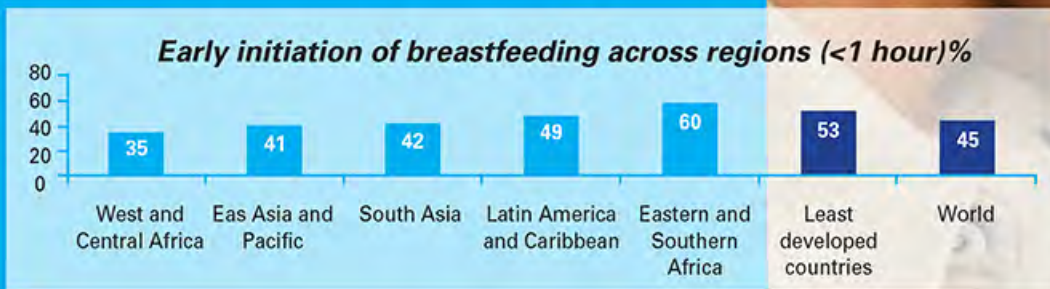
# Saving Lives, Nourishing Health.

Newborn deaths have increased as a proportion of under-5 deaths following remarkable gains in child survival through immunization, improved nutrition and access to clean water and sanitation, treatment of childhood illnesses and family planning, among others. Newborn deaths in the first 28 days of life now represent 44 per cent of all child deaths under five years.<sup>1</sup> Most neonatal deaths are from preventable causes, including prematurity, childbirth complications and newborn infections.

**Immediate skin-to-skin contact and early initiation of breastfeeding – putting the baby to the mother’s breast within an hour after birth – could reduce neonatal mortality significantly.<sup>2</sup>**

**Less than 50 per cent of newborns are breastfed in the first hour of life**

Despite breastfeeding’s extraordinary benefits to both mother and child, only 43 per cent of the world’s newborns are put to the breast within one hour of birth.<sup>3</sup>



**Newborns breastfed from birth are more likely to survive and thrive**

Immediate skin-to-skin contact and early initiation of exclusive breastfeeding is key to newborn survival and quality care. Placing a newborn directly on the mother’s bare chest – skin-to-skin contact – regulates the baby’s temperature, heartbeat and breathing, and helps establish breastfeeding as a regular practice. Early initiation of breastfeeding also strengthens the lifelong bond between mother and child.

Initiating breastfeeding in the first hour of life lays the foundation for optimal breastfeeding which consists of feeding only breastmilk (not even water) until a child is six months old, and continued breastfeeding, along with safe and age-appropriate complementary food, up to two years or beyond. Women who receive skilled support from day one tend to breastfeed exclusively for a longer period of time.<sup>4</sup>

The newborn first absorbs colostrum (first milk) that is rich in nutrients and antibodies and is all the baby needs in the first few days of life. Feeding colostrum also stimulates the mother to produce more breast milk.

Breastmilk provides all the nutrients and water an infant needs for the first six months, while protecting infants against disease. Optimal breastfeeding of children under two years of age has the potential to prevent 800,000 deaths of children under five every year.<sup>5</sup> Breastmilk is especially important for low birth weight babies who contribute to more than 80% of all newborn deaths in southern Asia and sub-Saharan Africa.<sup>6</sup>

Breastfeeding within one hour of birth also protects the mother’s health, reducing her risk of postpartum haemorrhage.<sup>7</sup> Mothers who exclusively breastfeed for six months benefit from a temporary lack of menstruation, which can help with birth spacing.

**Women face significant barriers to breastfeeding following childbirth**

**Lack of essential care, including support for exclusive breastfeeding, at time of delivery**

Millions of women give birth without access to quality care, counselling and support they need from health workers in order to start breastfeeding successfully. Educating women during the antenatal period about breastfeeding and the dangers of not feeding infants appropriately is also of utmost importance.

**Routine introduction of breastmilk substitutes (most commonly infant formula) in maternity centres**

Supplying mothers with or inappropriately prescribing breastmilk substitutes can be widespread in many health facilities. *The International Code of Marketing of Breastmilk Substitutes*<sup>8</sup> bans the distribution of free supplies to hospitals and samples to pregnant women, mothers or members of their families. Countries such as Brazil and Sri Lanka that made a long-term investment in breastfeeding, including certification of baby-friendly hospitals and maternity centres and strong Code enforcement,<sup>9</sup> have had striking success in improving optimal breastfeeding practices.<sup>10</sup>

**Traditional cultural practices**

Women may discard colostrum or give an infant water, tea, honey or other liquids, a practice often influenced by close relatives.

1. The Lancet Every Newborn Series, Executive Summary, 2014.  
2. Debes A.K. et al., BMC Public Health, 2013.  
3. <http://data.unicef.org/nutrition/yycf>  
4. Haroon S. et al., BMC Public Health, 2013

5. Black R.E. et al., Lancet Maternal and Child Undernutrition Series, 2013.  
6. [http://apps.who.int/ebwha/pdf\\_files/WHA67/A67\\_21-en.pdf](http://apps.who.int/ebwha/pdf_files/WHA67/A67_21-en.pdf)  
7. Sobhy S.I., et al., Egypt Public Health Association, 2004.  
8. [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf).  
9. <http://www.unicef.org/programme/breastfeeding/baby.htm#10>.  
10. Pérez-Escamilla R. et al., Advances in Nutrition, 2012; UNICEF/AED, Review of Infant and Young Child Feeding Programs, 2010.